

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF FLORIDA

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PROOF OF CLAIM

Name of Debtor Debit Corporation of America		Case Number 04-14360	THIS SPACE IS FOR COURT USE ONLY 04 JUN 23 PM 1:31 CLERK U.S. BANKRUPTCY CT SD OF FLA. MIA - OFFICE
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))			
Name of Creditor (The person or other entity to whom the debtor owes money or property): Scott Reeser		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address where notices should be sent: Frank B Perry 346 Old County Road Ringgold, GA 30736			
Telephone Number: 706-965-8639			
Account or other number by which creditor identifies debtor: (If SS# only list last 4 digits of SS#):		Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other Consumer Fraud		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: <u>xxx-xx-</u> Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: Dec 29, 2003		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 9,945 + + _____ + _____ = <u>0.00</u> (Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total) Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.	
6. Unsecured Nonpriority Claim \$ 9,945 + <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.			
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only	
9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages. (See reverse for instructions)		37 903	
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.			
Date: 6-22-04	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Frank B Perry Attorney F B Perry		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

PURCHASE ORDER
DEBIT CORPORATION
OF AMERICA, INC.

3475 Sheridan Street, Suite 215F, Hollywood, FL 33021
Phone: (954) 981-4447 • Fax: (954) 981-4421
Toll Free: (800) 468-3213 • Fax: (800) 468-1836

ID# 4216, 4217
County Ada, Canyon

Purchaser's Name Scott Reeser Date Dec 29, 2003
Purchaser's Address 499 N. Linder Rd
City Eagle State ID Zip 83616
Home Phone 208 939-7012 Business Phone _____

No. of Sales _____
Systems to ship: 2

Face Value of Prepaid MasterCard _____
Activation Certificates to ship: \$700

Purchase Price Sales Systems	\$ <u>9,945</u>
Purchase Price of Additional Items	\$ <u>N/A</u>
Total	\$ <u>9945</u>
Sales Tax (FL Residents Only)	\$ <u>N/A</u>
Amount Paid	\$ <u>9,945</u>

Special Provisions Locations included, expansion deposit 1,000
price - ~~3,175~~ per location, residuals paid monthly, balance 8,945
Master Card reorder price \$3.00/cert. per Jay Maine

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds and that **this sale is subject to the terms on the reverse of this Purchase Order.**

By: Jay Maine ACCEPTED AND APPROVED
COMPANY OFFICER By: Scott Reeser
BUYER

Tax code 179

I have read and agree to the Terms and

ADDISON AVENUE

FEDERAL CREDIT UNION

TRANSACTION VOUCHER

PREPARED BY	AUTHORIZED BY <i>[Signature]</i>	GL NO.	AMT. DR.	AMT. CR.
EXPLANATION				

SHJE Journal Voucher

01/12/04 02:42PM 30486 19 466 KLE DR:50

04652-00 REESER/SCOTT J
 AMT: ~~8845.00~~ FROM CHECKING PLUS
 MEMB FEES: .00 BAL: 1,193.04
 DESCRIPTION: OUTGOING WIRE TRANSF

EFF DT:01/12/04 88370

FB OUTGOING WIRE TRANSF
 AMT: 8,845.00 TO F & T TYPE BUR

EFF DT:01/12/04 88370

*Tony McDowell
 850-922-2966
 case # 0305-21091*

*Carol in card wire
 service
 at Addison
 Avenue*
- 916 435 5417
Fax - 916 435 5565
will request transfer

MEMBER COPY

<input checked="" type="checkbox"/> Track Your Expenses ...		TAX DEDUCTIBLE ITEM → <input type="checkbox"/>
<input type="checkbox"/> Mortgage / Rent	<input type="checkbox"/> Transportation	<input type="checkbox"/> Entertainment & Travel
<input type="checkbox"/> Gas / Electric	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical / Dental
<input type="checkbox"/> Telephone	<input type="checkbox"/> Taxes	<input type="checkbox"/> Dependent Care
<input type="checkbox"/> Food	<input type="checkbox"/> Insurance (Life, Home, Auto)	<input type="checkbox"/> Savings & Investment
<input type="checkbox"/> Clothing	<input type="checkbox"/> Home Improvement (Maintenance, Repairs)	<input type="checkbox"/> Other _____

DO NOT USE FOR REORDERING

2073

Dec 29, 2003

BAL FOR'D

THIS PAYMENT	1000 ⁰⁰
BALANCE	
OTHER	
BAL FOR'D	

... Here's How:

- Carry balance forward
- Check type of expense
- Add details on memo line
- Retain duplicates in Deluxe Check box

Memo business equipment

NOT NEGOTIABLE